PTOISB/06 (08-03)
Approved for use through 7/31/2006, OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Application or Doctor Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN SMALL ENTITY OR (Column 1) (Cotumn 2) SMALL ENTITY NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE BASIC FEE (37 CFR 1.16(a)) 750 750 OR TOTAL CLAMES 51 (37 CFR 1.16(c)) minus 20 × x : 18. 918 OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) . KB: x OR MULTIPLE DEPENDENT CLAIM PRESENT <u>+;</u>280 (37 CFR 1.18(d)) OR If the difference in column 1 is less than zero, enter 10' in column 2.

CLAIMS AS AMENDED - PART II 2008 IOTAL OR TOTAL 8-19:04 OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS REMAINING HIGHEST PRESENT NUMBER RATE ADDI-TIONAL RATE Annı AFTER PREVIOUSLY TIONAL AMENDMENT PAID FOR FEE FEE Total CV CFR 1.19(3) Minus **JENDM** ~Z\_0 x s Endopenders (3F CFR 1.1604) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR 18. 24.31,46,58,59,60 TOTAL ADD'L FEE ADD'L FEE CLAINS REMAINING HIGHEST PRESENT 16 NUMBER RATE ADDI-RATE AMENDMENT ADDI-AFTER AMENDMENT PREVIOUSLY EXTRA TIONAL PAID FOR FEE FEE Total (37 CFR L16(d) X 5. OR Independent OR X S FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(d)) OR + 5 TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 3) CLAMS HIGHEST REMAINING PRESENT MUMBER ADDI-TIONAL RATE RATE ADDI-1122/10 PREVIOUSLY PAID FOR AFTER FYTRA TIONAL ENDMENT FEE FEE Total AMENDM 46 0 CIV CER 1.86 OR t. OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.1860) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20", "of the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or thidependent) is the trighest number found in the appropriate box in column" 1,

This collection of information is required by 37, CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete outpetion form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form another suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Peterd and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in complating the form, call 1-800-PTO-9199 and salect option 2.

٠٠.

. . . . .

\*\*\*\*\* ...\*\*\*\*\*

. . . . . . .

The state of the s